

**MONITORING REPORT**  
**ADULT DAY CARE AND ADULT DAY HEALTH**

DATE OF VISIT: \_\_\_\_\_

I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_

II. TYPE OF VISIT: ( ) Announced ( ) Unannounced

III. ENROLLMENT: # Full-time \_\_\_\_ # Part-Time \_\_\_\_ Month Reviewed \_\_\_\_\_

ATTENDANCE: # Participants at time of visit \_\_\_\_ # of Staff \_\_\_\_\_

IV. CONCERNS FROM PREVIOUS VISIT: \_\_\_\_\_

\_\_\_\_\_

Have these concerns been resolved? ( ) YES ( ) NO (If no, complete DSS Form 6215)

**DO NOT COMPLETE IF THE PROGRAM DOES NOT OFFER SPECIAL CARE SERVICES AS PER SECTION VI, PART 1 OF THE DOA-1500 OR DOA-6205**

V. AREA REVIEWED:

**Special Care Services - Standards, Appendix D, Pages 65-68**

| <u>Yes</u> | <u>No</u> | <u>N/A</u> |   |
|------------|-----------|------------|---|
| ( )        | ( )       |            | <b>Enrollment:</b> (10A NCAC 06R .0904 and 06S .0603)   |
| ( )        | ( )       |            | Disclosure information is provided to individuals and/or responsible parties seeking enrollment. The Disclosures address policies and procedures in Rule .0902.   |
| ( )        | ( )       |            | The participant's medical exam specifies a diagnosis, disability or condition consistent with the special care service.   |
| ( )        | ( )       | ( )        | If program serves developmentally disabled persons, all participants have proceeded through the Single Portal of Entry.   |
| ( )        | ( )       | ( )        | Participants transferring from standard to specialized day care services meet the criteria for specialized care, and family agrees to the transfer.   |
| <u>Yes</u> | <u>No</u> |            | <b>Individual Service Plans</b> (10A NCAC 06R .0905 and 06S .0604)  |
| ( )        | ( )       |            | Individual service plans are based on the participant's needs, interests and level of abilities.  |
| ( )        | ( )       |            | Individual service plans specify programming involving environmental, social and health care strategies.  |
| <u>Yes</u> | <u>No</u> |            | <b>Program Plan</b> (10A NCAC 06R k.906 and 06S .0605)  |
| ( )        | ( )       |            | The program plan provides for a balance of activities that promote an optimum level of functioning in all activity areas including personal care activities.  |
| <u>Yes</u> | <u>No</u> |            | <b>Staff Orientation and Training</b> (10A NCAC 06R .0907 and 06S .0606)  |
| ( )        | ( )       |            | The program director has documented training in the special care population.  |
| ( )        | ( )       |            | The program director has a written plan for training staff identifying content, sources, evaluations, and scheduling of training. The plan is updated annually.   |
| ( )        | ( )       |            | The program director assures that, within a month of employment, each staff person assigned to special care demonstrates knowledge of the needs, interests, and abilities of each participant. This is documented in the program's files. |
| ( )        | ( )       |            | Each staff person working directly with participants completes a minimum of two population-specific educational or training experiences annually.   |
| ( )        | ( )       |            | Training experiences for each staff member are documented in the program's files.   |

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes, No, or N/A (not applicable). If no, provide explanation.

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| <b>MONITORING REPORT</b><br><b>ADULT DAY CARE AND ADULT DAY HEALTH</b> |
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| <b>Special Care Services (Continued)</b> |
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Yes   No   **The Facility** (10A NCAC 06R .0903 and 06S .0602)

(   ) (   ) The program assures that participants receiving this service have access to an outside area.

(   ) (   ) The area is secured or supervised if participants have a physical or cognitive impairment and their safety and well-being would otherwise be compromised.

**\*\* Special Care Services Unit** (10A NCAC 06R .0908 and 06S .0607)

In addition to meeting all other special care services requirements, an adult day service with a special care services unit (within the larger program) shall meet the following requirements:

Yes   No   N/A

(   ) (   ) (   ) The area designated as special care service unit is separated by closed doors and located so that other participants, visitors or staff do not have to pass through the section to reach other areas of the building.

(   ) (   ) (   ) The unit meets equipment and furnishings requirements listed under III. E. of the Standards, Page 19.

(   ) (   ) (   ) At least one toilet is located in the unit.

(   ) (   ) (   ) The area designated as a special care unit provides space for each participant as required for the program (Standards, Pages 15 and 16).

(   ) (   ) (   ) The unit meets existing staffing ratio requirements as required for the program (Standards, Page 8).

VI. COMMENTS/CONCERNS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Attach an additional sheet if needed*

VII. PROGRAM DIRECTOR'S COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VIII. Continued by (   ) DSS-6215 ( \_\_\_\_ # of forms)

IX. Signatures:

\_\_\_\_\_  
 Coordinator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Program Director

\_\_\_\_\_  
 Date

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Check Yes, No, or N/A (not applicable). If no, provide explanation.